

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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Rec'd
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>18039</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>THOMAS J. VONDERHAAN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1638 CENTRAL AVE</u> City <u>DUBUQUE</u> State <u>IOWA</u> ZIP Code + 4 <u>52056</u>	4. Name, file number, and address of labor organization. Name <u>LABOR LOCAL 65</u> Labor Organization File Number <u>27-900</u> P.O. Box, Building and Room Number, if any _____ Street <u>1638 CENTRAL AVE</u> City <u>DUBUQUE</u> State <u>IOWA</u> ZIP Code + 4 <u>52001-3625</u>
5. Position in labor organization. <u>BUS MANAGER 659</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Thomas J. Vonderhaan

On 8-10-05
Date

563 583-0686
Telephone Number

CONFERENCE REGISTRATION

Registration Fee

Conference Registration Fee is \$200 if postmarked or faxed no later than May 22, 2004. After May 22, the registration cost will be \$250. On-site registration cost will be \$250. No registration refunds will be given on or after May 22, 2004. Substitutes are allowed. "No shows" are not refundable and are liable for the full registration fee.

The registration fee includes the cost of all conference sessions, the "Get Acquainted Social" Monday and Wednesday lunches, Tuesday breakfast, Wednesday dinner party, entertainment and dancing, and break refreshments.

A guest dinner and entertainment ticket is available for \$25. The guest ticket includes the "Get Acquainted Social," Wednesday dinner party, entertainment and dancing.

A children's dinner and entertainment ticket (ages 12 and under) is available for \$10 per child. The child's ticket includes the "Get Acquainted Social" and Wednesday dinner party, entertainment and dancing.

Please make your checks or money orders payable to the Mid-America L/M Conference, and mail your advance registrations to:

Mid-America L/M Conference

Attention: Robert Crouch

P.O. Office Box 1713

Jefferson City, Missouri 65102

Direct bill registration may be faxed to (573) 751-4945

(Our tax identification number is 43-1702885)

Hotel Information

Grand Geneva Resort and Spa includes 1,300 acres and is an hour drive from Milwaukee or Madison, Wisconsin. The resort is within 90 minutes from Chicago and within a day's drive from most Midwestern cities. The resort offers outstanding conference arrangements, sleeping accommodations and recreational facilities to make your stay memorable. Three restaurants and lounges will suit every palate. The Resort's chefs are schooled in sumptuous cuisine from the world's finest culinary institutes. There are many fine restaurants in the Lake Geneva area. The Highlands Scottish-style 18-hole championship golf course, along with tennis courts, riding stables, swimming and an indoor water park will be varied for other recreational activities will be available for you and family members.

The Grand Geneva Resort offers a special conference rate of \$122 per day (single or double occupancy). The junior suites are available at \$151 per day. Newport suites at \$225 per day and two-bedroom condo suites at \$279 per day. These rates will be available for your arrival on Sunday, June 27, 2004 through Wednesday, June 30, 2004. Timber Ridge rates are: one bedroom \$122 and two-bedroom \$279. All above room rates include the resort service fee. Conference room rates are applicable from Thursday, June 24 through Wednesday, June 30, 2004, based on availability and minimum usage. For guests requesting to stay over the 4th of July, the group rate will increase to \$209 for standard rooms, \$259 for junior suites, and \$289 for Newport suites. Timber Ridge two-bedroom suites will be available at a reduced rate of \$289 per room each night.

All of the above rates include the following services:

- Trolley transportation on the Resort grounds on regularly scheduled routes and at scheduled times
- Access to the Spa and Sports Center including fitness facility, lockers, sauna, steam, lap pool and fitness class
- Local credit card and toll-free telephone call
- Daily newspaper delivered to guestroom
- Incoming facsimile messages
- Water park passes
- In-room coffee

All reservation requests must be accompanied by a first night deposit or guaranteed with a major credit card. Resort will charge the individual for any guaranteed reservation not cancelled 72 hours prior to arrival date.

Resort reservations must be received on or before Saturday, May 22, 2004 (cut-off date). Reservations may be accepted after the cut-off date at the conference rate as long as there are rooms available.

(Rooms available after 4:00 P.M.)

For Reservations, call: Grand Geneva Resort and Spa

Toll Free: 1-800-558-3417 Direct: 262-248-8811

Mid-America Labor/Management Conference

Registration Form

Accommodations required, such as: special diet, sign language, interpreter services, etc. will be provided. To allow time to process your request, notification should be received no later than one week prior to the conference. For further information, contact Robert Crouch at (573) 751-3978. Please specify special accommodations needed.

Name: THOMAS J. VONDERHAAR

Title: TRUSTEE

Organization: IOWA LABORERS EDUCATION

& TRAINING TRUST FUND

Address: 1638 CENTRAL AVE.

City: DUBUQUE

State: IOWA Zip: 52001

Telephone (office): (563) 583-0686

Telephone (home): (563) 583-2003

E-mail Address: _____

Ref. Number: (563) 583-5668

☒ Enclosed is a check or money order for the conference registration.

☒ \$200 Early Registration (postmarked or faxed no later than May 22, 2004)

☐ \$250 Late Registration (after May 22, 2004)

This amount includes dinner and entertainment tickets for _____

Added Guest Ticket (ages 13 and over) @ \$25 each _____

Added Child Ticket (ages 12 and under) @ \$10 each _____

Please direct bill me after the conference in the amount of _____

for the conference registration.

Purchase Order # _____

Golf Tournament - Special Notice

The Conference Planning Committee no longer conducts registration for the golf tournament played in conjunction with the conference. These registrations must be sent to Dave Hollendek, Golf Tournament Coordinator for Lake Geneva Resort, no later than June 1, 2004. Late entries will pay regular daily green fees. This year's format will be a four-person scramble. The entry fee is \$95 and we will play on the beautiful Highlands Golf Course at Lake Geneva Resort on Tuesday, June 29 at 1:00 P.M. Briny a team or let us pair you up, but sign up today! Space is limited.

Make Golf Tournament Checks Payable to Lake Geneva Resort and Spa

Mid-America Labor-Management Golf Tournament

The Highlands Golf Course - June 29, 2004 at 1:00 P.M.

Four-Person Scramble

Entry Fee: \$95 per person

Name: _____

Phone: _____

Partners (name & phone): _____

Yes, my check is enclosed for \$95 per person _____

or call 1-800-558-3417 and pay by credit card.

Mail to: **Golf Tournament Coordinator**

Mr. Dave Hollendek

c/o The Highlands Golf Course, Grand Geneva Resort & Spa

Highways 50 East and 12

P.O. Box 130

Lake Geneva, Wisconsin 53147-0130

EXPENSE VOUCHER

IOWA LABORERS' EDUCATION AND TRAINING FUND

This voucher is for:

Expenses in connection with MID-AMERICA LABOR-MANAGEMENT CONFERENCE

TRANSPORTATION: (Attach copies of all bills)

Date of Departure 6-27-04 Date of Return 7-1-04 140.25
☒ Private Automobile 374 miles at 36.5 ~~37.5~~ ¢ per mile \$ 136.57
☐ Airfare (list only if you are requesting personal reimbursement) \$ _____
☐ Car Rental \$ _____
☐ Tolls \$ _____
☐ Taxis, Limos, Shuttles \$ _____
☐ Tips (red cap, driver, etc) \$ _____
☐ Parking \$ _____

LODGING: (Attach copies of all bills)

☐ Hotel or Motel \$ 529.48 ✓
☐ Tips (valets, maids, etc.) \$ 17.00

MISCELLANEOUS EXPENSES: (Indicate type of expense and include all receipts)

MEAL EXPENSES:

☒ Daily meal expenses from reverse side of voucher \$ 79.87 ✓

TOTAL EXPENSES: \$ 766.60
~~762.85~~

I hereby certify that the expenses detailed on this voucher are the proper and actual expenses which I incurred in connection with the activity noted above.

Dated this 1 day of JULY, 2004

Thomas J Vandenberg
 Signature

PO BOX 183 LUXEMBOURG IA 52056
 Address City State Zip

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

IA LABORERS EDUCATION & TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

5806 MEADOWS DR SUITE B

City

DES MOINES

State

IOWA

ZIP Code + 4

50322

11.a. Nature of such dealing.

LABOR MANAGEMENT CONFERENCE MEETING
REIMBURSEMENT

11.b. Approximate dollar value of such dealing.

766.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.